# Warm Line (302) 513-0929 M-F 8AM — 5PM **Connecting the Docs!**



DCPAP | APRIL | 2020

### DCPAP Warm Line - Link to Behavioral Health

Registered Prescribers Have **Question About** a Patient <21

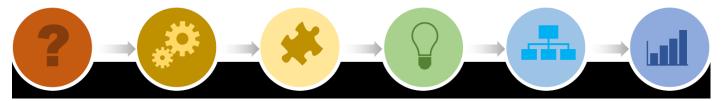
Connect with DCPAP Text/Call (302) 513-0929 M-F 8AM - 5PM

Share a Few Gender, Year of Birth, Presenting Issue(s) & Screenings Completed

Request Sent to Pieces of the Puzzle: Consulting Psychiatrist who Responds with Ideas to Treat

Behavioral Health Coordinator can Connect you with **Resource Options** 

**DCPAP Tracks** Requests to **Identify Future Training Needs** 



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## **Telehealth & DCPAP**

Telehealth is more important than ever! We are facing uncertain times where health trends are changing in unpredictable ways. The needs of children, families and communities are rising exponentially. The ability to meet those growing issues need not be done alone. Providers rely on a multi-layered team approach to support the patients they serve. Seeking help outside of your four walls can grow the available expertise and resources to draw on. Help with behavioral health just got easier. Call DCPAP!

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## **Closing Access Gaps for Behavioral Health Care**

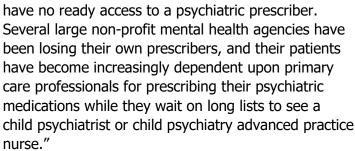
Richard Margolis, MD, Child & Adolescent Psychiatrist, DPBHS Medical Director, Project Director DCPAP

The Delaware Children's Department received a five year, \$2.225 million grant from the Federal Health Resources and Services Administration (HRSA) to provide pediatric primary care prescribers with child psychiatry consultation and behavioural health training. The Delaware Child Psychiatry Access Program, or DCPAP for short, began recruiting pediatric-serving primary care practitioners in August 2019.

Through the grant, pediatric-serving primary care providers may request a telephone consultation with a Child Psychiatrist or information about community resources from a licensed Behavioral Specialist. The consultations often focus on questions about diagnosis, medications, screenings and treatment choices for behavioral health disorders. The services assist pediatric primary care prescribers in expanding their skill and comfort level in managing their patients' behavioral health disorders in their office, as opposed to referring their patients to limited psychiatric services that may take months to access.

"I have found the idea of a child psychiatry access line to be universally well-received, with exclamations of relief by mental health professionals and primary care professionals

**alike"** said Dr. Mark Borer, the grant's first consulting child psychiatrist. "There are a number of mental health practices and in-home or in-school support services in Kent and Sussex Counties which



"Some youth are not even able to get on a waiting list because most psychiatrists and psychiatric NP's work in practices dedicated to a select group of practicing mental health professionals. For these youth and their families, access of their primary care prescribing professional to a child psychiatry access line makes the difference between the primary care professional being willing to prescribe or not."

Borer continues, "The child psychiatry access line is the only way right now for many of these children and adolescents to obtain their psychiatric medications and updated support and education regarding the specific psychiatric issues with which these youth are presenting. It is becoming a lifeline!"

One of the providers who has used the consultation service wrote, "I feel the DCPAP and our work with Dr. Borer has been a complete game changer for our families. Dr. Borer has been instrumental in expanding our work in mental health. The access line has allowed our practice to move to the forefront of mental health care for our pediatric population. We have been able to assess and provide care for more patients within our medical home. We have also been able to manage those families that find themselves in a mental health crisis without needing to refer. This has not only improved access to more timely care but exceeds the care that some families receive with other community providers. Our families are so grateful that we can address both their physical and emotional well-being in our practice, [which] has expanded its mission to become the leader in community based mental health care for children."

The parent of one youth wrote, "When we raised concerns about our daughter's depression, [her physician] immediately made arrangements for a consult with Dr. Borer through the DCPAP access line. The information shared between our team and Dr. Borer has been life changing for our family. Thank you!" Another parent wrote that her family's provider "worked hand in hand with Dr. Borer to coordinate care for our son's anxiety. The ability to consult with a psychiatrist and have him treat our son in conjunction with [the prescriber] and the rest of the staff has been a true miracle for us. The ability for the prescriber to consult with a specialist who works WITH our son's primary care team has meant fewer visits with more complete care while working with a team that knows our son's complete history. We hope that this collaboration continues for many years to come."

DCPAP is modelled after the Massachusetts Child Psychiatry Access Program (McPAP), in existence for 15 years, covering the entire state and offering services to 96% of their pediatric primary-care practitioners. One of the founders of McPAP serves as a consultant for DCPAP.

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# Resource Spotlight: COVID-19 & Children

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Many links and resources are available to support children and parents around COVID-19. Encourage families to look to their local early care provider, school or the 2-1-1 Helpline on-site <a href="https://www.delaware211.org/">https://www.delaware211.org/</a> for electronic resources they can offer to meet academic and nutritional needs. View these links for additional information about Coronavirus, changing local daily life, along with access to updated information and helpful strategies to address social-emotional wellness for all.

<u>helpisherede.com</u> <u>https://childmind.org/</u>

https://kidshealth.org/en/parents/coronavirus-how-talk-child.html

https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html

https://www.aacap.org/ https://mhanational.org/covid19

https://www.pbs.org/parents/thrive/how-to-talk-to-your-kids-about-coronavirus

https://preventchildabuse.org/coronavirus-resources/

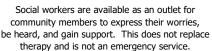
https://www.samhsa.gov/coronavirus



# **Tips for Recognizing Anxiety**

Anxiety, fear, and worry are normal experiences in response to stress. Anxiety can manifest itself in a number of ways: physically, mentally and behaviorally. Anxiety is common for children, adolescents and adults. It can be related to biology, genetics, environment or experiences. Anxiety often co-occurs with depression, ADHD and substance abuse. It can also present as suicidal ideation with or without depression. Screening tools, such as the Spence Children's Anxiety Scale (SCAS) are available to identify a clinical diagnosis.







# **Training & TA for Prescribers**

DCPAP will offer training and education opportunities to the pediatric primary-care practitioners registered with the program. Highlighting the training and education program will be regular live sessions with one of the child psychiatrists through a web-based format, offering direct training and consultation on specific topics. These live sessions will be recorded and archived for those who cannot participate, and for future use by providers who learn later about the program. Additional opportunities – including webinars, training sessions, interviews, videos and relevant articles will be distributed to registered prescribers on a regular basis. **CME's Available!** 



DCPAP has signed up 157 pediatric prescribers to date. The registration process is simple and the DCPAP consultation service is free. New prescribers can request the registration form at the e-mail below. We would love to share more information about DCPAP with you and your practice. Connecting with behavioral health support is just a phone call away!



Contact: Call or Text 302-513-0929 M-F 8-5



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